

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land Management Administration • Solid Waste Program

P.O. Box 1417 • Baltimore, Maryland 21230-1417

410-537-3375 • 800-633-6101 x3375 • www.mde.state.md.us

Sewage Sludge Utilization Permit Application

Authority: Title 9, Environment Article, Annotated Code of Maryland, and Code of Maryland Regulations (COMAR) 26.04.06

Application for: ☐ New Permit ☐ Renewal Permit ☐ Permit Modification

Existing Permit No.: _____ Issued Date: ____ / ____ / ____ Expiration Date: ____ / ____ / ____

Applicant's Legal Name: _____

Applicant's Status: ☐ Individual ☐ Corporation ☐ Government ☐ Other:

Corporation or Government Federal Tax Identification No.: _____

Maryland State Department of Assessments and Taxation (SDAT) ID No.: _____

Please note that a business/entity must be registered to do business in Maryland before a permit can be issued. The business or entity's information provided in this application must match the information in the SDAT register.

Proof of workers' compensation coverage is required under § 1-202 of the Environment Article. Please provide one of the following:

- (1) A copy of a Certificate of Compliance issued by the Maryland Workers' Compensation Commission; or
- (2) Workers' Compensation Insurance Policy/Binder Number: _____

Applicant's Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Applicant's Telephone No.: () _____ - _____ Facsimile No.: () _____ - _____

Emergency Contact Name & Title: _____ Telephone No.: () _____ - _____

Facility/Site Name: _____

(Where Sewage Sludge Will Be Utilized)

Facility/Site Address: _____ City: _____ State: _____ Zip Code: _____

County: _____ Maryland Grid Coordinates: _____ / _____

County Zoning Map No.: _____ Lot/Parcel No.: _____ Deed/Liber/Folio No.: _____

State Legislative District: _____ Local Council / Election District: _____

Bay Tributary Watershed Code: _____ Latitude/Longitude (Deg/Min/Sec): _____ - _____ - _____ / _____ - _____ - _____

Site Acreage: _____ Facility Acreage (If Applicable): _____

Wastewater Treatment Plant (WWTP) Information (Source of Sewage Sludge)

(If additional space is required, please use a separate sheet)

Name Of WWTP: _____

Total % Solids of Sewage Sludge: _____ %

Sewage Sludge Type:

☐ Anaerobic Digestion ☐ Aerobic Digestion ☐ Lime Stabilized ☐ Unstabilized ☐ Other: _____

Description of Project or Reason for Permit Modification:

Performance Bond or Other Financial Security:

Except for a municipal landfill operating under a separate financial security or a government agency, an applicant for a Sewage Sludge Utilization Permit is required to file with the Department a bond on a form prescribed by the Department or other financial security as approved by the Department. The bond or other financial security shall be payable to the Department and the obligation of the bond or other financial security shall be conditioned upon the fulfillment of any requirement related to the Sewage Sludge Utilization Permit.

Required Number of Permit Application Packages:

Please submit six (6) copies of the complete permit application package for an application for a new permit or a major modification to an existing permit. For the renewal of an existing permit or a minor permit modification, please submit four (4) copies of the complete permit application package. Please be advised that the Department defines a complete application package as being this application form filled out with an original signature, payment in full of all required fees, and the submittal of the required number of copies of the information specified in COMAR 26.04.06 for the type of permit applied for.

SEWAGE SLUDGE UTILIZATION PERMITS & FEES

(Please submit a separate application for each type of permit applied for)

<input type="checkbox"/>	Application to agricultural land	\$175.00
<input type="checkbox"/>	Application to marginal land	\$350.00
<input type="checkbox"/>	Research projects	\$25.00
<input type="checkbox"/>	Innovative projects	\$750.00
<input type="checkbox"/>	Utilization at a municipal landfill (for closure cap)	\$125.00
<input type="checkbox"/>	Disposal at a municipal landfill (mix with solid waste or as cover material)	\$350.00
<input type="checkbox"/>	Transportation (out-of-State or to another WWTP)	\$45.00
<input type="checkbox"/>	Burning (to construct and operate an incinerator)*	\$750.00
<input type="checkbox"/>	Storage (to construct and operate a structure for permanent storage)**	\$350.00
<input type="checkbox"/>	Sewage sludge landfills (to construct and operate)	\$350.00
<input type="checkbox"/>	Treatment (to construct and operate a PSRP or PFRP facility)***	\$350.00
<input type="checkbox"/>	Handling (distribution of PFRP material or other types of distribution methods)	\$750.00

Notes: * May require an Air Quality Permit.

** Subject to the requirements of §1-601 and §10-202 of the Environment Article.

*** Subject to the requirements of §10-202 of the Environment Article.

☐ Minor Permit Modification: \$40.00

- ☐ Crop change
- ☐ Adjust application rates for different crops
- ☐ Adjust application rates based on current sewage sludge analyses
- ☐ Add other sewage sludge from the same source (treated by PSRP or PFRP)
- ☐ Change haul route
- ☐ Change application method
- ☐ Change transportation vehicles
- ☐ Adjust application rates

☐ Major Permit Modification (other than a minor modification) \$130.00

♦ IMPORTANT ♦ IMPORTANT ♦ IMPORTANT ♦

Please submit a **COPY** of this form and a check for the total amount due made payable to the "**SEWAGE SLUDGE UTILIZATION FUND**" to:

**Maryland Department of the Environment
P.O. Box 1417
Baltimore, Maryland 21230-1417**



Please submit the **ORIGINAL** application to:

**Maryland Department of the Environment
1800 Washington Boulevard, Suite 605
Baltimore, Maryland 21230-1719**

For office use only

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By signing this form, I the applicant or duly authorized representative, do solemnly affirm under the penalties of perjury that the contents of this application are true to the best of my knowledge, information, and belief. Except for a separate authorization by the property owner for a land application site, I hereby authorize the representatives of the Department to have access to the site of the proposed activity for inspection and to records relating to this application at any reasonable time. I acknowledge that depending on the type of activity applied for, other permits or approvals may be required.

Signature of Applicant

Date

Applicant's Name (Print)

Title

Privacy Act Notice: This Notice is provided pursuant to the Federal Privacy Act of 1974, 5 U.S.C. §552.a. Disclosure of your Social Security Number or Federal Employer Identification Number on this application is mandatory pursuant to the provisions of §1-203 (2003), Environment Article, Annotated Code of Maryland, which requires the Maryland Department of the Environment to verify that an applicant for a permit has paid all undisputed taxes and unemployment insurance. Social Security or Federal Employer Identification Numbers will not be used for any purposes other than those described in this Notice.

For questions regarding this application form, please contact the Department at 410-537-3375